

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>09/332803</i>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	↓					
2	/						52	Cancel #52					
3		/					53	/					
4		/					54	Cancel #54					
5		/					55						
6		/					56						
7		/					57						
8		/					58	↓					
9		/					59	/					
10		/					60						
11		/					61						
12		/					62						
13		/					63						
14		/					64						
15		/					65						
16		/					66						
17		/					67						
18	Cancel						68						
19		/					69						
20		/					70						
21		/					71						
22	Cancel						72						
23	/						73						
24	/						74						
25	/						75						
26		/					76						
27		/					77						
28		/					78	/					
29	/						79						
30		/					80						
31		/					81						
32		/					82						
33	Cancel						83						
34		/					84						
35		/					85						
36		/					86						
37		/					87						
38		/					88						
39		/					89						
40		/					90						
41		/					91						
42		/					92						
43		/					93						
44		/					94						
45		/					95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50	✓						100						
TOTAL IND.	6						TOTAL IND.	0					
TOTAL DEP.	21						TOTAL DEP.	21					
TOTAL CLAIMS	27						TOTAL CLAIMS	21					

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